MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04405

4415 **CERTIFICATE OF DEATH** Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick — LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Estelle (Last) Bowen

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	Mar. 11, 1884	70 yrs.	2	5		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Calvert County, Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Perry Buck	Janie Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	no	Mrs. C. L. Carrick 7902 Central Ave., Landover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4201

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Generalized

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS St Leonard DATE SIGNED 5/16/—

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1954	Wesley Methodist	Prince Frederick, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/18/54	H. W. Ward	A. A. Harkness & Son	Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04406

CERTIFICATE OF DEATH

4416

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Buckler

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 6, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): [redacted]

10b. KIND OF BUSINESS OR INDUSTRY: [redacted]

11. BIRTHPLACE (State or foreign country): [redacted]

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Buckler

14. MOTHER'S MAIDEN NAME: Virginia Stansbury

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Virginia Buckler - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5
Immediate cause (a) — Respiratory failure —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Prematurity —
DUE TO (c) Premature separation of placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1954, to May 6, 1954 that I last saw the deceased alive on May 6, 1954 and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS St Leonard DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 6 1954 — NAME OF CEMETERY OR CREMATORY Mt. Harmony — LOCATION (City, town, or county) (State) Mt. Harmony Md.

DATE REC'D BY LOCAL REGISTRAR May 6, 1954 — REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

2054293344

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1954
BUREAU V. S.

Item 9 film G 166

5/25/54 cm : 4417

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04407

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Calvert — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotts Ranch

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Lawrence		Dunphey	May	7	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	10-10-1890	63 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired		Springfield, Mass.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John J. Dunphey	Mary Cody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
unk.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic nephritis

DUE TO

(c) Generalized Sclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.D. Williams MD — ADDRESS 5 St Leonard — DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7, 1954	St Mary's Cemetery	South Hampton Mass.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-7-54	A.W. Ward	Dean & D.P. Sampson	St Springfield, Mass.

Remove

VS. A15

RECEIVED
MAY 18 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04408

4418

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Md
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) Owings, Md

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) Virginia (Last) Gibson
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 16 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Joseph Bowen
14. MOTHER'S MAIDEN NAME: Rosa Jane Ireland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr Joseph Gibson. Owings Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary embolism DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dupped dead sitting in chair

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1929, to May, 1952, that I last saw the deceased alive on May 10, 1954, and that death occurred at 10 Am, from the causes and on the date stated above.

SIGNATURE Howard Orig (Degree or title) ADDRESS Ved DATE SIGNED 5/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/21/54
NAME OF CEMETERY OR CREMATORY Mt. Harmony
LOCATION (City, town, or county) (State) Mt. Harmony

DATE REC'D BY LOCAL REGISTRAR 5/21/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04409

4419

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr. Frederick, X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelina X
STREET ADDRESS (If rural give location) Pr. Frederick, md.

3. NAME OF DECEASED: (Type or Print) (First) Nathaniel (Middle) (Last) Gross

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 14, 1903
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gross
14. MOTHER'S MAIDEN NAME: Jane Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wilson Gross. Adelina, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

604X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hydronephrosis

DUE TO

(c) — Bladder Stone

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 19 , to 5/19, 1954, that I last saw the deceased alive on 5/19, 1954, and that death occurred at 4:28 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Stewart M.D. ADDRESS St Leman DATE SIGNED 5/20

23. BURIAL CREMATION, REMOVAL (Specify) DATE THEREOF 5-21-54 NAME OF CEMETERY OR CREMATORY Carroll LOCATION (City, town, or county) Barstow (State) md

DATE REC'D BY LOCAL REGISTRAR 5-20-54 REGISTRAR'S SIGNATURE H W. Ward
24. FUNERAL DIRECTOR P E Sewell. Pr. Frederick ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04410

: 4420

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 308 Byd Ave Colonial
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Wm (Last) Hirst

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 57

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M — 8. DATE OF BIRTH: Nov. 15, 1907 — 9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wm Hirst — 14. MOTHER'S MAIDEN NAME: Mary Hemmings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs Grace Hirst

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolism — Interval between onset and death: 30 min

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Deficient & Hospital

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE Howard A. Mez (Degree or title) Drive MD ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/19/57 — NAME OF CEMETERY OR CREMATORY: Jo Wash — LOCATION (City, town, or county) (State): Prince Georges MD

DATE REC'D BY LOCAL REG. 5/16/57 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Walter — ADDRESS: 234 Carroll West DC

RECEIVED
MAY 1[illegible]
BUREAU V. S.

04411

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4421 CERTIFICATE OF DEATH Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Ca
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pete (Middle) Lilley (Last)

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH: Aug 28, 1903 | 9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Masonry Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert A Lilley
14. MOTHER'S MAIDEN NAME: Nellie Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-03-6815
17. INFORMANT & ADDRESS: Mrs Pauline Lilley Owings Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Dust explosion DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car Plane Crash

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) Owings (COUNTY) Ca (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or Title) ADDRESS DATE SIGNED 5/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/26/54
NAME OF CEMETERY OR CREMATORY Balto. City Morgue
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5/25/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins
ADDRESS Owings, Md.

VS. A15

RECEIVED
JUN 3
BUREAU V. S.

04412

4422

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ROLAND (Middle) WALTER (Last) MEADE
4. DATE OF DEATH (Month) May (Day) 19 (Year) 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 28, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: State Roads Com.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Everett Meade
14. MOTHER'S MAIDEN NAME: Carrie Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY No.: 218-[illegible]
17. INFORMANT & ADDRESS: Mrs. Roland Meade, Huntingtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wound of chest and abdomen with perforation
DUE TO of right lung, liver, pancreas and intestines

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY filling station
21c. (City or town) Huntingtown (County) Calvert (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/17/54 9:00P. M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Shot during hold-up

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE R V Frisby M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED May 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/22/54
NAME OF CEMETERY OR CREMATORY Miranda Memorial Cem.
LOCATION (City, town, or county) (State) Huntingtown, Maryland
DATE REC'D BY LOCAL REG. 5/22/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR ADDRESS Wm. H. Hutchins, Owings, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9423

04413 50

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Solomons; LENGTH OF STAY (in this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lenna (Middle) Ellen (Last) Somervell

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	Oct. 28, 1868	85 yrs.	6	7		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Fairmont, Ind	U.S.A.

13. FATHER'S NAME: Charles Ketcham

14. MOTHER'S MAIDEN NAME: Mary Parks

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	yes	no	Maria Condiff - Solomons, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 421.1 Coronary Occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 19 54, to 5/5, 19 54, that I last saw the deceased alive on 5/5, 19 54, and that death occurred at 5/5/54 from the causes and on the date stated above.

SIGNATURE (Degree or title) E. S. Coster M.D. ADDRESS Solomons Md DATE SIGNED 5/6/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7 1954	Middleham Chapel	Lusby - Calvert Co - Md

DATE REC'D BY LOCAL REGISTRAR 5/7/54 REGISTRAR'S SIGNATURE E. S. Coster 24. FUNERAL DIRECTOR C. A. Harkum & Son - Mutual, Md ADDRESS

VS. A15

RECEIVED
MAY 14 1934
BUREAU V. S.

Item 9 film G100
5/26/54 cm

4424

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04414

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pr Frederick, MD X
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow X
STREET ADDRESS (If rural give location) Maryland

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Stamp
4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.
8. DATE OF BIRTH: June 3, 1890
9. AGE last birthday: 64 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Pr. George County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Stamp
14. MOTHER'S MAIDEN NAME: Martha Richardson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Lotti Stamp - Barstow, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157 X

Immediate cause (a) Cachexia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ca of pancreas
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 5/16, 1954, that I last saw the deceased alive on ....., 19....., ~~and that~~ death occurred at 10:30 p., from the causes and on the date stated above.
SIGNATURE (Degree or title) R. Williams M.D. ADDRESS St Thomas DATE SIGNED 5/17

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5-17-54
NAME OF CEMETERY OR CREMATORY Gasch's Funeral Home
LOCATION (City, town, or county) Hyattsville (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5-17-54
REGISTRAR'S SIGNATURE N. W. Ward
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyatts., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4425 **CERTIFICATE OF DEATH** 04415

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ovry
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sheadyside 02X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) Montraville (Last) Thomas
4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: June 21, 1906
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 11 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Morgan Fleshman Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W. M. Thomas
14. MOTHER'S MAIDEN NAME: Nancy B. Tanner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Ps
16. SOCIAL SECURITY No.: 213-10-1978
17. INFORMANT & ADDRESS: John Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 866X
Immediate cause (a) Fracture Skull
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Air Plane Crash

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) Ovry (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5/25/54 6:30 P m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Ovry Md DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/26/54
NAME OF CEMETERY OR CREMATORY Balto. City Morgue
LOCATION (City, town, or county) (State) Balto. Maryland
DATE REC'D BY LOCAL REGISTRAR 5/25/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1954
BUREAU V. S.